

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/527126** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	7	↓		↓		↓	
TOTAL DEP.	19	↔		↔		↔	
TOTAL CLAIMS	26	████████		████████		████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS		████████		████████		████████	